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# Fax

**To:** Examiner Leonardo Andujar **From:** Leslie S. Szivos  
**Fax:** 703-872-9318 **Pages:** 6 Including cover  
**Phone:** **Date:** 4/10/2002  
**Re:** U.S. Patent Appln. No. 09/782,494 **cc:**  
IBM Ref: YOR920000745US1  
SSMP Docket: 14029  
For: BILAYER WAFER-LEVEL UNDERFILL

## For Review

**• Comments:**

1. Amendment Transmittal Letter (in duplicate)
2. Response under 37 C.F.R. §1.111 and 1.143
3. Authorization to Charge Deposit Account
4. Certificate of Transmission by Facsimile dated April 10, 2002


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**Applicants:** Stephen L. Buchwalter, et al.  
**Serial No.** 09/782,494  
**Filed:** February 13, 2001  
**For:** BILAYER WAFER-LEVEL UNDERFILL  
**Docket:** YOR920000745US1 (14029)  
**Dated:** April 10, 2002

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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>			Docket No. <b>YOR920000745US1 (14029)</b>		
Applicant(s): <b>Stephen L. Buchwalter, et al.</b>					
Serial No. <b>09/782,494</b>	Filing Date <b>February 13, 2001</b>	Examiner <b>Leonardo Andujar</b>	Group Art Unit <b>2826</b>		
Invention: <b>BILAYER WAFER-LEVEL UNDERFILL</b>					
<b><u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u></b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	32 -	32 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50-0510/IBM</b> A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Signature			Dated: <b>April 10, 2002</b>		
<b>Leslie S. Szivos</b> <b>Registration No. 39,394</b>  <b>SCULLY, SCOTT, MURPHY &amp; PRESSER</b> <b>400 Garden City Plaza</b> <b>Garden City, New York 11530</b> <b>(516) 742-4343</b>					
<div style="border: 1px solid black; padding: 5px;">         I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.           _____          Signature of Person Mailing Correspondence           _____          Typed or Printed Name of Person Mailing Correspondence       </div>					
LSS:tt					
CC:					